

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-021687

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

5660

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1

2

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USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION

St. Louis

Homer G. Phillips

Length of stay in 1b

Inside Limits

Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY

c. CITY

OR TOWN

St. Louis

d. STREET ADDRESS

(If outside, give location)

2827 Franklin

Inside Limits

Yes ☐ No ☐

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)

First

Hersey

Middle

Last

Headspeth

4. DATE OF DEATH

Month

5

Day

12

Year

63

5. SEX

Male

6. COLOR OR RACE

Negro

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

3-20-02

9. AGE (last birthday)

61

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Unknown

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Arkansas

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Cal Headspeth

13b. MOTHER'S MAIDEN NAME

Mollie ?

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv

Unknown

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Mary D. Jett, R.R.L., 2601 N. Whittier

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Metastatic Cancer of the Esophagus

INTERVAL BETWEEN ONSET AND DEATH

Undet.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

4-16-63

to 5-12-63

and last saw him alive on 5-12-63

Death occurred at

3:08

P.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

2601 N. Whittier

22c. DATE SIGNED

5-15-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

5-31-63

23c. NAME OF CEMETERY OR CREMATORY

Anatomical Board

23d. LOCATION (City, town, or county)

St. Louis, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Ogden 14106 Manchester

25. DATE RECD. BY LOCAL REG.

MAY 29 1963

26. REGISTRAR'S SIGNATURE

Paul Smith, M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.